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Bib Data Sheet

CONFIRMATION NO. 5240

<b>SERIAL NUMBER</b> 10/647,950	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 1999 CON 2
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## APPLICANTS

Wayne C. Person, Newtown, CT;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/779,021 02/07/2001 PAT 6,610,009 which is a CON of 09/235,593  
01/22/1999 PAT 6,200,263  
which claims benefit of 60/072,406 01/23/1998 *yes PPA.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none PPA.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>FFH</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

50855

## TITLE

Surgical instrument holder

<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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